



TRANSMITTAL  
FORM

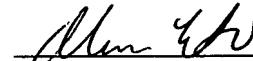
Application Number	10/709,436
Filing Date	May 5, 2004
First Named Inventor	Williams et al.
Group Art Unit	1637
Examiner Name	Riley, J.
Attorney Docket No.	HEL-024CPCN
Patent No.	
Issue Date	

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Check Attached	<input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Certificate of Correction
<input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Appeal Brief
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> After Final	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Letter to Official Draftsperson including Drawings	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
[Total Sheets _____]	<input type="checkbox"/> Amendment After Allowance	
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Form PTO-1449		
<input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission		
<input type="checkbox"/> Paper Copy/CD		
<input type="checkbox"/> Computer Readable Copy		
<input type="checkbox"/> Statement verifying identity of above		

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 26th day of April, 2007.

  
Margie Ejercito

<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>	
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899		<p>Respectfully submitted,    Sandra A. Brockman-Lee  Attorney for the Applicant(s)  Proskauer Rose LLP  One International Place  Boston, MA 02110-2600</p>	



**FEE TRANSMITTAL**  
FY 2007

Complete if Known	
Application No.	10/709,436
Docket No.	HEL-024CPCN
Filing Date	May 5, 2004
First Named Inventor	Williams et al.
Group No.	1637
Examiner Name	Riley, J.
Confirmation No.	3435

METHOD OF PAYMENT					FEE CALCULATION (continued)			
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					<b>4. ADDITIONAL FEES</b>			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081.					Large Entity	Small Entity		
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					Fee (\$)	Fee (\$)	Fee Description	
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)					130	65	Surcharge - late filing fee or oath	
					50	25	Surcharge - late provisional filing fee or cover sheet	
					130	130	Non-English specification	
					2,520	2,520	Request for ex parte re-examination	
					120	60	Extension for reply within 1 <sup>st</sup> mo.	
					450	225	Extension for reply within 2 <sup>nd</sup> mo.	
					1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
					1,590	795	Extension for reply within 4 <sup>th</sup> mo.	
					2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
					500	250	Notice of Appeal	
					500	250	Filing a brief in support of an appeal	
					1,000	500	Request for oral hearing	
					400	0	Petitions to the Director	
					180	180	Submission of IDS	
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
Application Type	Filing	Search	Examination	Fee Paid				
Utility	300	500	200					
Design	200	100	130					
Plant	200	300	160					
Reissue	300	500	600					
Provisional	200	0	0					
<i>Small Entity Discount</i>								
<b>1. TOTAL</b> <b>0.00</b>								
<b>2. EXCESS CLAIM FEES</b>					Fee	Small Entity Fee (\$)		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent. Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.					50	25		
					790	395	For each additional invention to be examined (37 CFR 1.129(b))	
					100	100	Certificate of Correction for applicant's error	
					130	65	Submission of Terminal Disclaimer	
					Other fee (Specify)			
					Other fee (Specify)			
							<b>4. TOTAL:</b> <b>1,080.00</b>	
					<b>TOTAL AMOUNT SUBMITTED</b>			
					(\$ 1,080.00)			
<b>3. APPLICATION SIZE FEE</b>					<b>SIGNATURE BLOCK</b>			
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					Respectfully submitted,  Sandra A. Brockman-Lee Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600			
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid				
-100=	0	/50=	round up to a whole number	x = 0.00				
<b>3. TOTAL:</b> <b>0.00</b>								
<b>CORRESPONDENCE ADDRESS</b>								
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899								